DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

Guidance for Applicants (GFA) No. TI 03-002
Part I - Programmatic Guidance

Cooperative Agreements for Strengthening Communities in the Development of Comprehensive Drug and Alcohol Treatment Systems for Youth

Short Title: Strengthening Communities – Youth

Application Due Date:
September 10, 2002

s/
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s/
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Date of Issuance: July 2002

Catalog of Federal Domestic Assistance (CFDA) No. 93.243
Authority: Section 514 of the Public Health Service Act, as amended, and subject to the availability of funds*

*This program is being announced prior to the full annual appropriation for fiscal year (FY) 2003 for the Substance Abuse and Mental Health Services Administration's (SAMHSA) programs. Applications are invited based on the assumption that sufficient funds will be appropriated for FY 2003 to permit funding of a reasonable number of applications being hereby solicited. This program is being announced in order to allow applicants sufficient time to plan and to prepare applications. Solicitation of applications in advance of a final appropriation will also enable the award of appropriated grant funds in an expeditious manner and thus allow prompt implementation and evaluation of promising projects. All applicants are reminded, however, that we cannot guarantee sufficient funds will be appropriated to permit SAMHSA to fund any applications. Questions regarding the status of the appropriation of funds should be directed to the Grants Management Officer listed under How to Get Help in this announcement.

Table of Contents

[Note to Applicants: To prepare a complete application, PART II - "General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements" must be used in conjunction with this document, PART I - "Programmatic Guidance."]

Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment

Action and Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year 2003 cooperative agreements to assist communities to strengthen their drug and alcohol identification, referral and treatment systems for youth.

It is expected that approximately $2.0 million will be available to fund 3 to 4 cooperative agreements. The average award is expected to range from $500,000 to $750,000 per year in total costs (direct and indirect). **Cooperative Agreements will be awarded for a period of up to 5 years.** Annual awards will be made subject to continued availability of funds to SAMHSA/CSAT and progress achieved by the grantee.

This Guidance for Applicants (GFA) is a reissuance (with revisions) of a FY 2001 GFA entitled "Strengthening Communities - Youth," No. TI 01-004.

Who Can Apply

Public and domestic private non-profit entities such as units of State and local governments; Native Alaskan entities, Indian tribes and tribal organizations; and community-based organizations, including faith based organizations are eligible to apply.

While the applicant agency does not have to be a direct provider of substance abuse treatment services, substance abuse treatment providers must be involved in the proposed project. SAMHSA believes that only existing experienced and appropriately credentialed providers with demonstrated infrastructure and expertise will be able to provide services and to address emerging and unmet needs of youth and their families in a timely fashion, with state-of-the-art treatment interventions.

The applicant agency and all direct providers of substance abuse treatment services involved in the proposed system of care must be in compliance with all local, city, county and State licensing and accreditation/certification requirements. Licensure/Accreditation/Certification documentation (or documentation supporting why the local/State government does not require Licensure/Accreditation/Certification) must be provided in **Appendix 1** of your application.

The applicant agency, if providing substance abuse treatment services directly, and any direct providers of substance abuse treatment services involved in the proposed system of care, must have been providing substance abuse treatment services for a minimum of two years prior to the date of this application. A list of the substance abuse treatment providers and two-year experience documentation must be provided in **Appendix 1** of your application.

Applications will be screened by SAMHSA prior to review. Applications that do not meet the following requirements and provide supporting documentation in Appendix 1 will not be reviewed:

- Non-profit status documentation (e.g., articles of incorporation). [This requirement does not apply to public entities.]
- Licensure/Accreditation/Certification documentation.
- Two years of experience in providing substance abuse treatment services documentation.

Funding Restrictions

Grant funds may not be used to:

- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Pay for construction of any building or structure. (Applicants may request up to $75,000 for essential renovations and alterations of existing facilities over the entire grant period.)

Application Kit

SAMHSA application kits include the two-part announcement (also called the Guidance for Applicants, or "GFA") and the blank form (PHS-5161-1) needed to apply for a grant.

The GFA has two parts:

Part I - provides information specific to the grant or cooperative agreement. It is different for each GFA. **This document is Part I.**

Part II - has important policies and procedures that apply to nearly all SAMHSA grants and cooperative agreements. Please refer to the section on Special Considerations and Requirements included in this document for a listing of policies in Part II that are relevant to this cooperative agreement program.

You will need to use both Part I and Part II to apply for a SAMHSA grant or cooperative agreement.

To get a complete application kit, including parts I and II, you can:

- Call the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686, or

- Download from the SAMHSA site at www.samhsa.gov. Be sure to download both parts of the GFA.

Where to Send the Application

Send the original and 2 copies of your grant application to:

SAMHSA Programs
Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710**Change the zip code to 20817 if you use express mail or courier service.

Please note:

1) Be sure to type "TI 03-002, Strengthening Communities - Youth" in Item Number 10 on the face page of the application form.

2) If you require a phone number for delivery, you may use (301) 435-0715.

3) All applications **must** be sent via a recognized commercial or governmental carrier. Hand-carried applications will not be accepted.

Application Dates

Your application must be received by September 10, 2002.

Applications received after September 10, 2002, will only be accepted if they have a proof-of-mailing date from the carrier not later than September 3, 2002.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be

returned without review.

Grant awards are expected to be made in spring 2003.

How to Get Help

For questions on *program issues*, contact:
Randolph Muck, M.Ed.
Team Leader/Public Health Advisor
CSAT/SAMHSA
Rockwall II, 7th Floor
5600 Fishers Lane
Rockville, MD 20857
(301) 443-6574
E-Mail: **rmuck@samhsa.gov**

For questions on *grants management issues*, contact:
Steve Hudak
Division of Grants Management
OPS/SAMHSA
Rockwall II, 6th floor
5600 Fishers Lane
Rockville, MD 20857
(301) 443-9666
E-Mail: **shudak@samhsa.gov**

Funding Criteria

Decisions to fund a cooperative agreement are based on:

1. The strengths and weaknesses of the application as judged by the peer review committee and approved by CSAT's National Advisory Council. In accordance with the statutory authority for this program, priority will be given to applicants who address all seven of the program activities listed in the "Developing Your Cooperative Agreement Application" section that follows.

2. Availability of funds.

3. Evidence of non-supplantation of funds. (Include in **Appendix 3)**

Target Population

Services must be directed to youth (i.e., individuals who are 21 years of age or younger) who are identified as experiencing substance abuse problems or who are determined to be at imminent risk of problem behavior related to substance abuse. Services may also be provided to the youth's parents, legal guardians or significant adults in their lives.

Background

Conservative estimates show that only one out of ten adolescents in need of substance abuse treatment services receives those services. At these most conservative of estimates, there are over 1 million youth between the ages of 12-18 who are in need of substance abuse treatment, but do not receive any help for their problem(s). Moreover, the Treatment Episode Data Set indicates that by far the largest referral source for youth who receive treatment is the juvenile justice system (44%). Clearly, early and comprehensive intervention for youth is a major need throughout the Nation. It is important that expansion of services, as well as increased knowledge throughout communities on where and how to successfully identify, refer and intervene with youth, is supported.

SAMHSA/CSAT released *Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative* (NTP) on November 28, 2000. This cooperative agreement addresses four of the NTP strategies.

- *Invest for Results.* Assists in closing serious gaps in treatment capacity for youth. Additionally, promotes outreach, early identification, referral, assessment, treatment and continuing care of youth, focusing efforts on intervening prior to youth becoming involved in the juvenile justice system.

- *No Wrong Door To Treatment*. Promotes appropriate assessment, referral and treatment in all systems serving youth; provides access to the most appropriate type and level of substance abuse treatment in all systems individuals enter and become engaged; and promotes the use of commonly accepted, evidence-based models for the continuum of services and care for substance abuse and dependence across health, human services, and justice systems as well as in the substance abuse speciality sector.

- *Commit to Quality*. Promotes wise use of resources that depends on ongoing improvement in the quality of care. This is accomplished through developing a system that promotes consistent communication and collaboration among service providers, academic institutions, researchers and other relevant stakeholders, while establishing incentives and assistance for programs and

staff in applying new standards and treatment methods as they are identified and validated.

- *Build Partnerships.* Promotes linkages among agencies/organizations to bridge systems of care and services for youth and their families experiencing problems related to substance abuse. To further promote this strategy, this program requires development of a Management Information System (MIS) to facilitate the identification, referral, assessment, treatment and tracking of youth through the continuum of care.

For additional information about the NTP and how to obtain a copy, see Appendix A.

Developing Your Cooperative Agreement Application

The goal of this cooperative agreement program is to assist communities in their efforts to address drug and alcohol problems among youth and improve the treatment system, infrastructure, and continuum of care to effectively intervene with the drug using youth population. Applicants must define the target community. ("Community" may refer to an entire city, a section of a large urban area, an entire Tribal Authority or section of their jurisdiction, a rural area such as a county, or a consortium of agencies in a contiguous geographic area, etc.)

It is CSAT's expectation that grants will be awarded to communities that have already been working toward establishing improvement of service delivery for adolescents. The first year of the cooperative agreement is expected to be a continuation of the work begun prior to the application. It is expected that awardees may take up to one year to fully plan/develop this community-wide intervention to ensure successful implementation. CSAT staff will be involved throughout the first year to assist in the development of the proposed project.

In years 2-5, awardees will implement the plan (including the MIS, evaluation, and treatment components) for the community-wide intervention. The Government Project Officer must approve the plan before implementation begins.

In accordance with the authority for this program, Section 514 of the Public Health Service Act, priority will be given to applicants who propose to:

1. apply evidence-based and cost-effective methods for the treatment of substance abuse among children and adolescents;

2. coordinate the provision of treatment services with other social service agencies in the community, including educational, juvenile justice, child welfare, and mental health agencies;

3. povide a continuum of integrated treatment services, including case management, for children

and adolescents with substance abuse disorders and their families;

4. provide treatment that is gender-specific and culturally appropriate;

5. involve and work with families of children and adolescents receiving treatment;

6. address the relationship between substance abuse and violence; and

7. provide aftercare services (referred to in this GFA as "continuing" care") for children and adolescents and their families after completion of substance abuse treatment.

Cooperative Agreement

Because of the complexity of this program, and the anticipation of ongoing involvement of the Federal Government in the development of these community systems, this program will be administered as a cooperative agreement.

Role of Federal Staff:

It is the responsibility of the CSAT project officer to monitor the overall progress of the program. The CSAT project officer will:

- Assist the grantees in selecting the appropriate treatment protocols for the population based on current knowledge and resources. Current knowledge in the field about evidence based practices for specific adolescent populations is under development. Many, if not most of the grantees, will not be aware of promising practices using the best evidence available that are being developed within CSAT, the NIH Institutes, and at private foundations. CSAT is working collaboratively with agencies to develop the field of adolescent substance abuse treatment.

- Provide advice and assistance in the development of the local evaluation plan.

- Review and approve the Management Information System plan prior to the grantees movement from planning to the implementation phase.

- Collaborate and coordinate the activities between this program and the Robert Wood Johnson Foundation's (RWJF) "Reclaiming Futures" program. Reclaiming Futures is a 5-year effort in 11 communities that targets youth needing substance abuse treatment once they have been identified by the juvenile justice system. Strengthening Communities -Youth focuses on earlier identification and intervention. However, both are developing systems of care and a continuum

of treatment services for adolescents. Collaborative efforts involve joint training and development activities, joint data collection efforts, joint analyses of data, sharing of information systems development and acquiring previously developed MIS systems that can be used in the community to support cooperative agreement requirements. These programs are on the same track and will be able, together, to maximize the learning for the entire field. Therefore, substantial participation of the CSAT project officer across both programs is required to ensure the desired outcomes.

- Bridge learning and foster collaboration with related programs within SAMHSA, in particular, the Center for Mental Health Services (CMHS) Systems of Care and Circles of Care programs, as well as any other youth-serving grants.

- Assist in the data analyses, interpretation and publication. Publication of findings is essential since these cooperative agreements will become models that need to be codified for replication in future grant programs, and by private foundations, States and local communities.

Role of Grantees:

Grantees are expected to participate in and cooperate fully with CSAT staff, its representative contractor(s) and other program grantees in the implementation and evaluation of the program. Activities include:

- Comply with all aspects of the terms and conditions of the cooperative agreement (to be issued with the award).

- Adhere to SAMHSA's need for information related to the Government Performance and Results Act (GPRA).

- Cooperate with CSAT staff and representative contractor(s) in accepting guidance and responding to requests for information and data relevant to the program.

- Co-author publications to make results of the projects available to the field.

- Prepare SAMHSA/CSAT required reports.

- Develop partnerships and collaborate with any co-located (in the same community or geographic area) youth serving SAMHSA grant projects, in particular the CMHS Systems of Care and Circles of Care projects.

- Collaborate with the project officer and the Robert Wood Johnson Foundation on joint training, development, data analyses, and publications.

Government Performance and Results Act (GPRA)

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies, focusing on results or outcomes in evaluating effectiveness of Federal activities and on measuring progress toward achieving national goals and objectives. Grantees must comply with GPRA data collection and reporting requirements including the collection of CSAT Core Client Outcomes (see Appendix C). Appendix B contains a detailed description of CSAT's GPRA strategy.

Additional information, as well as electronic versions of the GPRA materials, can be down loaded from the Website–www.csat-gpra.org.

CSAT GPRA requirements include data collection about grant-supported service recipients at baseline/intake, six months after intake, and twelve months after intake. Grantees are expected to collect baseline GPRA data at intake on all persons served through the grant, and six and twelve month data on a minimum of 80% of all clients in the intake sample. Applicants should consider this requirement when preparing the evaluation budget section of the application.

CSAT's GPRA Core Client Outcome domains are:

Ages 18 and above: Percent of service recipients who: have no substance abuse in the past month; have no or reduced alcohol or illegal drug consequences; are permanently housed in the community; are employed; have no or reduced involvement with the criminal justice system; and have good or improved health and mental health status.

Ages 17 and under: Percent of service recipients who: have no past month use of alcohol or illegal drugs; have no or reduced alcohol or illegal drug consequences; are in stable living environments; are attending school; have no or reduced involvement in the juvenile justice system; and have good or improved health and mental health status.

Applicants must clearly state which service population they propose to address: Older Youth (ages 18 - 21) and/or younger youth (up to the age of 17), and express their understanding of the GPRA measures to be tracked and collected.

Local Evaluation

In addition to GPRA requirements, grantees must conduct a local evaluation to determine the effectiveness of the project in meeting its specific goals and objectives. The local evaluation should be

designed to provide regular feedback to the project to help the project improve services. The local evaluation must incorporate but should not be limited to GPRA requirements. Because different projects will differ in their target populations, services, systems linkages, and desired service outcomes, no single evaluation plan or design will apply to all applicants. Experimental or rigorous quasi-experimental evaluation designs are NOT required. In general, the applicant's local evaluation plan should include three major components:

- Implementation fidelity, addressing issues such as: How closely did implementation match the plan? What types of deviation from the plan occurred? What led to the deviations? What impact did the deviations have on planned intervention and evaluation?

- Process, addressing issues such as: Who provided (program, staff) what services (modality, type, intensity, duration) to whom (client characteristics) in what context (system, community) at what cost (facilities, personnel, dollars)?

- Outcome, addressing issues such as: What was the effect of treatment on service participants? What program/contextual factors were associated with outcomes? What client factors were associated with outcomes? How durable were the effects?

Longitudinal client level data to be gathered in the local evaluation should meet the same follow-up rate standard (minimum of 80%) required for GPRA.

CSAT has developed a variety of evaluation tools and guidelines that may assist applicants in the design and implementation of the evaluation. These materials are available for free downloads from:

http://neds.calib.com

Post award support will be provided to grantees through the provision of clinical and programmatic technical assistance, assistance with data collection, reporting, analysis and publication, and assistance with evaluating the impact of expanded new services as well as the community-based strategic initiative.

CSAT will provide examples of one or more Management Information Systems (MIS) that can be modified and ported into the community for data collection, tracking and management of the project. Applicants should set aside a minimum of $200,000 in the first year for MIS development/adoption. One or more web-enabled systems will be demonstrated that can be modified for local use, in line with the dollars available in this cooperative agreement. Should a community decide to augment an existing MIS or build a new MIS then they must show how this can be done within the existing budget and still meet the requirements of the cooperative agreement. There must be an MIS capable of supporting all evaluation efforts, as well as performing management and clinical functions such as tracking youth through the various systems of care, aiding case management, allowing all program participants to share

information in a timely fashion, and supporting the development and maintenance of a system of care.

Post Award Requirements

In addition to complying with the requirements of the GFA and the terms and conditions of award, grantees will be required to attend (and, thus must budget for) two technical assistance meetings in the first year of the cooperative agreement, and two meetings in each of the remaining years. A minimum of five persons (must include a Program Director, Program Evaluator, MIS Manager, parent, and adolescent) must attend. These meetings are expected to be held in the Washington, DC, area. These meetings will be 2 ½ days in duration.

Grantees will be responsible for ensuring that all direct providers of services involved in the proposed system are in compliance with all local, city, county, and/or State licensing, certification, or accreditation requirements.

Detailed Information on What to Include in Your Application

In order for your application to be **complete,** it must include the following in the order listed. Check off areas as you complete them for your application.

1. FACE PAGE
Use Standard Form 424 which is part of the PHS 5161-1. See Appendix A in **Part II** of the GFA for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

2. ABSTRACT
Your total abstract may not be longer 35 lines.

In the <u>first 5 lines or less</u> of your abstract, write a summary of your project that can be used in publications, reporting to Congress, or press releases, if funded.

3. TABLE OF CONTENTS
Include page numbers for each of the major sections of your application <u>and</u> for each appendix.

4. BUDGET FORM
Fill out sections B, C, and E of the Standard Form 424A which is part of the PHS 5161-1. (Note: How to estimate an indirect cost rate is discussed in Appendix B in Part II of the GFA.)

5. PROJECT NARRATIVE AND SUPPORT DOCUMENTATION

The project narrative is made up of Sections A through D. More detailed information regarding A-D follows #10 of this checklist. Sections A-D may not be longer than 30 pages. Applications exceeding 30 pages for Sections A-D will not be reviewed.

__ **Section A - Project Narrative:** *Project Description/Justification of Need*
__ **Section B - Project Narrative:** *Project Plan*
__ **Section C - Project Narrative:** *Evaluation/Methodology*
_ **Section D - Project Narrative:** *Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support*

The supporting documentation for your application is made up of the following sections E through H. There are no page limits for the Supporting Documentation sections, except for Section G, the Biographical Sketches/Job Descriptions.

Section E- Supporting Documentation: *Literature citations*

This section must contain complete citations, including titles, dates and all authors, for any literature you cite in your application.

Section F - Supporting Documentation: *Budget justification, existing resources, other support*

You must provide a narrative justification of the items included in you proposed budget as well as a description of existing resources and other support you expect to receive for the proposed project.

Section G - Supporting Documentation: *Biographical sketches and job descriptions*

! Include a biographical sketch for the project director and for other key positions. Each sketch should not be longer than **2 pages**. If the person has not been hired, but has been identified, include a letter of commitment and sketch of the individual.

! Include job descriptions for key personnel. They should not be longer than **1 page**.

[Note: Sample sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.]

__ **Section H - Supporting Documentation:** *Confidentiality and SAMHSA Participant Protection (SPP)*

The seven areas you need to address in this section are outlined after the Project Narrative description

in this document.

6. APPENDICES 1 THROUGH 6

- **!** Use only the appendices listed below.
- **!** Do not use appendices to extend or replace any of the sections of the Program Narrative.
- **!** Do not use more than **30 pages** for the appendices. [Appendices 2 and 5 are not included in the 30 page limitation for the appendices.]

Appendix 1:
Certification of two years of experience; Licensure/Accreditation documentation; a listing of all substance abuse treatment providers involved with the proposed project; and documentation of non-profit status.

Appendix 2:
Letters of Support/Memoranda of Agreement [Not included in page limits.]

Appendix 3:
Non-supplantation of Funds Letter

Appendix 4:
Letters to Single State Agencies

Appendix 5: Data Collection Instruments/Interview Protocols
[Not included in page limits.]

Appendix 6:
Sample Consent Forms

7. ASSURANCES
Non- Construction Programs. Use Standard form 424B found in PHS 5161-1.

8. CERTIFICATIONS
Use the "Certifications" forms which can be found in the PHS 5161-1.

9. DISCLOSURE OF LOBBYING ACTIVITIES
Use Standard Form (SF) LLL (and SF LLL-A, if needed) which can be found in the PHS 5161-1. **Part II** of the GFA also contains information on lobbying prohibitions.

10. CHECKLIST
See Appendix C in **Part II** of the GFA for instructions.

Project Narrative/Review Criteria – Sections A Through D Highlighted

Your application consists of sections A through H. Sections A through D, the project narrative/review criteria parts of your application, describe what you intend to do with your project. Below you will find detailed information on how to respond to sections A through D.

- Sections A though D may not be longer than 30 pages. Applications exceeding 30 pages for sections A-D will not be reviewed.

- A peer review committee will assign a point value to your application based on how well you address these sections.

- Bullet statements do not have points assigned to them; they are provided to invite attention to important areas within the criterion.

- In the description below, the number of points after each section heading shows the maximum points a review committee may assign. For example, a perfect score for Section A will result in a rating of 20 points.

- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative. Points will be assessed on the cultural competency aspects of the review criteria. See SAMHSA's Appendix D in Part II of the GFA for guidelines for cultural competence.

Section A: Project Description and Justification of Need (20 points)

- Describe the nature of the local substance use problems of the youth population. [Documentation may come from a variety of qualitative and quantitative sources. The quantitative data could come from locally generated data or trend analyses, from State data such as that available through State Needs Assessments, and/or through national data such as that available from the National Household Survey on Drug Abuse (NHSDA), the Drug Abuse Warning Network (DAWN), or the Drug and Alcohol Services Information System (DASIS), which includes the Treatment Episode Data Set (TEDS)].

- Describe the demographic characteristics of the youth in the community and compare them with the demographic characteristics of the target population to be served by this cooperative

agreement. Include the rationale for the selected population.

- Describe the geographic boundaries of the community and a rationale for this choice.

- Describe the current treatment resources and ancillary services available to the target population.

- Describe the current gaps in treatment and ancillary support services for the target population. Clearly identify both missing services and supports, and services and supports for which there are waiting lists and/or little opportunity for rapid intervention with youth in the target population who have been/may be identified as needing treatment services or other ancillary support (e.g., substance abuse treatment, mental health treatment, support services and involvement of family members in treatment, continuing care at the end of substance abuse treatment services).

Section B: Project Plan (35 points)

- Describe the proposed system and continuum of integrated treatment services, including case management for children and adolescents with substance abuse disorders and their families, for this project. Include a discussion of how the proposed system and continuum of integrated treatment services build on what already exists. Discuss, as well, how the proposed system addresses gaps identified in Section A.

- Describe how consumers (parents and adolescents) of services will be involved in the planning and implementation of the project.

- Provide a description of current outreach and referral methods, and proposed changes to current procedures.

- Describe how the targeted population will be identified, referred, engaged, and retained in treatment.

- Describe the evidence-based treatment services that will be provided and their effectiveness, both in terms of individual outcomes and cost-effectiveness.

- Discuss how you will develop the coordinated services you need and describe how you will work with other social service agencies in the community, including education, juvenile justice, child welfare, and mental health agencies. Attach letters of support/memoranda of agreement from participating agencies in **Appendix 2.**

- Provide evidence that the treatment to be provided is gender-specific and culturally appropriate.

- Discuss how you will work with the families of children and adolescents receiving treatment.

- Discuss how you will address the relationship between substance abuse and violence.

- Describe how you will provide continuing care services for children and adolescents and their families after the completion of substance abuse treatment.

Section C: Evaluation/Methodology (20 points)

- Provide quantitative goals and objectives for the treatment services in terms of the numbers of individuals to be served, types and numbers of services to be provided, and outcomes to be achieved.

- Present a plan for collecting, analyzing, and reporting the information required to document that the grantee's goals and objectives have been reached. This should include a description of the community's existing approach to the collection of client, service use, and outcome data and how that will be modified to meet the requirements described in this GFA.

- If, and ONLY if, the applicant proposes a MIS other than adoption of a system recommended by CSAT (see Local Evaluation section), provide specific details on current and proposed Management Information Systems and their compatibility for communication across sites and agencies, along with a timetable and budget for implementation. [If you plan to adopt a system recommended by CSAT, please state this explicitly in your application.]

- Describe the local evaluation plan and how it will address implementation fidelity, process, and outcome (see the Local Evaluation Section in this document).

- Describe plans and procedures to comply with GPRA requirements, including collection of baseline GPRA data at intake on all persons served through the cooperative agreement, and six and twelve month data post-intake on a minimum of 80% of all clients in the intake sample.

Section D: Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support (25 points)

- Present a realistic management plan for the project that describes linkages/collaborations with other organizations and their roles in the project and their relevant experience. Clearly identify those organizations that have agreed to a particular level of collaboration/support, and provide a plan for bringing other key services/organizations into the project.

- Describe time lines for implementing the project.

- Discuss the capability and experience of the applicant organization with similar projects and populations.
-
- Describe previous leadership roles in the community and previous efforts to plan and implement improved and expanded services for youth.

- Provide a staffing plan, including the level of effort and qualifications of the Project Director and other key personnel.

- Provide an organizational chart exhibiting the staff positions related to the project and their relationships to each other.

- Describe the resources to be used (e.g., facilities, equipment), and provide evidence that services will be provided in a location/facility that is adequate and accessible and that the environment where services will be provided will attract the target population.

- Show evidence of the appropriateness of the proposed staff to the language, age, gender, sexual orientation, literacy, disability, and ethnic/racial/cultural factors of the target population.

- Provide evidence that required resources not included in this Federal budget request are adequate and accessible.Provide a preliminary plan to secure resources or obtain support to continue expanded systems development and collaboration at the end of the period of Federal funding.

NOTE: Although the budget for the proposed project is not a review criterion, the Review Group will be asked to comment on the budget after the merits of the application have been considered.

Confidentiality and SAMHSA Participant Protection (SPP)

The CSAT Director has determined that cooperative agreements awarded through this announcement must meet SAMHSA Participant Protection requirements. You must address 7 areas regarding confidentiality and participant protection in your supporting documentation. **(Note: Part II of the GFA provides additional information re confidentiality.)** There are no page limitations, and no points will be assigned to this section.

This information will:

- Reveal if the protection of participants is adequate or if more protection is needed.

- Be considered when making funding decisions. SAMHSA will place restrictions on the use of funds until all participant protection issues are resolved.

Some projects may expose people to risks in many different ways. In this section of your support documentation you will need to:

- Report any possible risks for people in your project.

- State how you plan to protect them from those risks.

- Discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following seven issues must be discussed:

1. Protect Clients and Staff from Potential Risks:

    a. Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.
    b. Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
    c. Describe the procedures that will be followed to minimize or protect participants against potential health or confidentiality risks. Make sure to list potential risks in addition to any confidentiality issues.
    d. Give plans to provide help if there are adverse effects to participants, if needed in the project.
    e. Where appropriate, describe alternative treatments and procedures that might be beneficial to the subjects.
    f. Offer reasons if you do not decide to use other beneficial treatments.

2. Fair Selection of Participants:

    a. Describe the target population(s) for the proposed project. Include age, gender, racial/ethnic background. Address other important factors such as homeless youth, foster children, children of substance abusers, or other special population groups.
    b. Explain the reasons for including/excluding special types of participants, such as pregnant teens, institutionalized youth, mentally or physically disabled youth, incarcerated youth, or others who are likely to be vulnerable.
    c. Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion:

a. Explain if participation in the project is voluntary or required. Identify possible reasons why it is required. For example, court orders requiring youth to participate in a program.
b. If you plan to pay participants, state how participants will be awarded money or gifts.
c. State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.

4. Data Collection:

a. Identify from whom you will collect data. For example, participants themselves, family members, teachers, others. Explain how you will collect data and list the site. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?
b. Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
c. Provide in **Appendix No. 5**, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality:

a. List how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
b. Describe:
    i. How you will use data collection
    ii. instruments
    iii. Where data will be stored
    iv. Who will or will not have access to information
    v. How the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data. **Note:** If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

6. Adequate Consent Procedures:

a. List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.
b. State:
    i. If their participation is voluntary

ii. Their right to leave the project at any time without problems
iii. Risks from the project
iv. Plans to protect clients from these risks.

c. Explain how you will get consent for youth in general, and youth and/or guardians with limited reading skills, and youth and/or guardians who do not use English as their first language. **Note:** If the project poses potential physical, medical, psychological, legal, social, or other risks, you should get written informed consent.
d. Indicate if you will get informed consent from participants and/or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
e. Include sample consent forms in your **Appendix 6**, titled "Sample Consent Forms." If needed, give English translations. **Note:** Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.
f. Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection of data. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion:

   Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Special Considerations and Requirements

SAMHSA's policies and special considerations and requirements can be found in **Part II of the GFA** in the sections by the same names. The policies, special considerations, and requirements related to this program are:

- Population Inclusion Requirement;
- Government Performance Monitoring;
- Healthy People 2010 (the Healthy People 2010 focus areas related to this program are in Chapter 26: Substance Abuse); Consumer Bill of Rights;
- Promoting Nonuse of Tobacco;
- Supplantation of Existing Funds (include documentation in **Appendix 3**);
- Letter of Intent;
- Single State Agency Coordination (include documentation in **Appendix 4**);
- Intergovernmental Review (E.O. 12372);

- Public Health System Reporting Requirements; and
- Confidentiality/SAMHSA Participant Protection.

Appendix A

National Treatment Plan

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) initiated *Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative* (NTP) to build on recent advances in the field, to bring together the best ideas about improving treatment, and to identify action recommendations that could translate ideas into practice.

The NTP combines the recommendations of five Expert Panels, with input from six public hearings and solicitation of experience and ideas through written and online comments, into a five-point strategy: (1) Invest for Results; (2) No Wrong Door to Treatment; (3) Commit to Quality; (4) Change Attitudes; and (5) Build Partnerships. The recommendations represent the collective vision of the participants in the NTP "conversation." The goal of these recommendations is to ensure that an individual needing treatment—regardless of the door or system through which he or she enters—will be identified and assessed and will receive treatment either directly or through appropriate referral. Systems must make every door the right door.

The NTP is a document for the entire substance abuse treatment field, not just CSAT. Implementing the NTP's recommendations go beyond CSAT or the Federal Government and will require commitments of energy and resources by a broad range of partners including State and local governments, providers, persons in recovery, foundations, researchers, the academic community, etc.

Copies of the NTP may be downloaded from the SAMHSA web site–www.samhsa.gov (click on CSAT and then on NTP) or from the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686.

Appendix B
CSAT's GPRA Strategy

OVERVIEW

The Government Performance and Results Act of 1993 (Public Law-103-62) requires all federal departments and agencies to develop strategic plans that specify what they will accomplish over a three to five year period, to annually set performance targets related to their strategic plan, and to annually report the degree to which the targets set in the previous year were met. In addition, agencies are expected to regularly conduct evaluations of their programs and to use the results of those evaluations to "explain" their success and failures based on the performance monitoring data. While the language of the statute talks about separate Annual Performance Plans and Annual Performance Reports, ASMB/HHS has chosen to incorporate the elements of the annual reports into the annual President's Budget and supporting documents. The following provides an overview of how the Center for Substance Abuse Treatment, in conjunction with the Office of the Administrator/SAMHSA, CMHS, and CSAP, are addressing these statutory requirements.

DEFINITIONS

Performance Monitoring	The ongoing measurement and reporting of program accomplishments, particularly progress towards preestablished goals. The monitoring can involve process, output, and outcome measures.
Evaluation	Individual systematic studies conducted periodically or "as needed" to assess how well a program is working and why particular outcomes have (or have not) been achieved.
Program	For GPRA reporting purposes, a set of activities that have a common purpose and for which targets can (will) be established.[1]
Activity	A group of grants, cooperative agreements, and contracts that together are directed toward a common objective.
Project	An individual grant, cooperative agreement, or contract.

[1]GPRA gives agencies broad discretion with respect to how its statutory programs are aggregated or disaggregated for GPRA reporting purposes.

CENTER (OR MISSION) GPRA OUTCOMES

The mission of the Center for Substance Abuse Treatment is to support and improve the effectiveness and efficiency of substance abuse treatment services throughout the United States. However, it is not the only agency in the Federal government that has substance abuse treatment as part of its mission. The Health Care Financing Administration, Department of Veterans Affairs, and the Department of Justice all provide considerable support to substance abuse treatment. It shares with these agencies responsibility for achieving the objectives and targets for Goal 3 of the Office of National Drug Control Policy's Performance Measures of Effectiveness:

Reduce the Health and Social Costs Associated with Drug Use.

Objective 1 is to support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse. The individual target areas under this objective include reducing the treatment gap (Goal 3.1.1), demonstrating improved effectiveness for those completing treatment (Goal 3.1.2), reducing waiting time for treatment (Goal 3.1.3), implementing a national treatment outcome monitoring system (Goal 3.1.4), and disseminating treatment information (Goal 3.1.5). Objective 4 is to support and promote the education, training, and credentialing of professionals who work with substance abusers.

CSAT will be working closely with the OAS/SAMHSA, ONDCP, and other Federal demand reduction agencies to develop annual targets and to implement a data collection/information management strategy that will provide the necessary measures to report on an annual basis on progress toward the targets presented in the ONDCP plan. These performance measures will, at an aggregate level, provide a measure of the overall success of CSAT's activities. While it will be extremely difficult to attribute success or failure in meeting ONDCP's goals to individual programs or agencies, CSAT is committed to working with ONDCP on evaluations designed to attempt to disaggregate the effects. With regard to the data necessary to measure progress, the National Household Survey on Drug Abuse (conducted by SAMHSA) is the principal source of data on prevalence of drug abuse and on the treatment gap. Assessing progress on improving effectiveness for those completing treatment requires the implementation of a national treatment outcome monitoring system (Target 3.1.4). ONDCP is funding an effort to develop such a system and it is projected in Performance Measures of Effectiveness to be completed by FY 2002.

Until then, CSAT will rely on more limited data, generated within its own funded grant programs, to provide an indication of the impact that our efforts are having in these particular target areas. It will not be representative of the overall national treatment system, nor of all Federal activities that could affect these outcomes. For example, from its targeted capacity expansion program (funded at the end of FY 1998), CSAT will present baseline data on the numbers of individuals treated, percent completing treatment, percent not using illegal drugs, percent employed, and percent engaged in illegal activity (i.e., measures indicated in the ONDCP targets) in its FY 2001 report with targets for future

years. As the efforts to incorporate outcome indicators into the SAPT Block Grant are completed over the next several years, these will be added to the outcomes reported from the targeted capacity expansion program.

In addition to these "end" outcomes, it is suggested that CSAT consider a routine customer service survey to provide the broadest possible range of customers (and potential customers) with a means of providing feedback on our services and input into future efforts. We would propose an annual survey with a short, structured questionnaire that would also include an unstructured opportunity for respondents to provide additional input if they so choose.

CSATs "PROGRAMS" FOR GPRA REPORTING PURPOSES

All activities in SAMHSA (and, therefore, CSAT) have been divided into four broad areas or "programmatic goals" for GPRA reporting purposes:

- Goal 1: Assure services availability;
- Goal 2: Meet unmet and emerging needs;
- Goal 3: Bridge the gap between research and practice;
- Goal 4: and Enhance service system performance[2]

The following table provides the crosswalk between the budget/statutory authorities and the "programs":

	KD&A	TCE	SAPTBG	NDC
Goal 1			X	
Goal 2		X		
Goal 3	X			
Goal 4			X	X

KD - Knowledge Development
KA - Knowledge Application
NDC - National Data Collection/Data Infrastructure
SAPTBG - Substance Abuse Prevention and Treatment Block Grant
TCE - Targeted Capacity Expansion

[2]Goal 4 activities are, essentially, those activities that are funded with Block Grant set-aside dollars for which SAMHSA seeks a distinction in the budget process (i.e., National Data Collection/Data Infrastructure).

For each GPRA [program] goal, a standard set of output and outcome measures across all SAMHSA activities is to be developed that will provide the basis for establishing targets and reporting performance. While some preliminary discussions have been held, at this time there are no agreed upon performance measures or methods for collecting and analyzing the data.[3] In the following sections, CSAT's performance monitoring plans for each of the programmatic areas are presented. It should be understood that they are subject to change as the OA and other Centers enter into discussion and negotiate final measures. In addition, at the end of the document, a preliminary plan for the use of evaluation in conjunction with performance monitoring is presented for discussion purposes.

1. Assure Services Availability

Into this program goal area fall the major services activities of CSAT: the Substance Abuse Prevention and Treatment Block Grant. In FY 2000 the Block grant application was revised and approved by the Office of Management and Budget to permit the voluntary collection of data from the States. More specifically:

- Number of clients served (unduplicated)

- Increase percent of clients receiving services who:
  - were currently employed or engaged in productive activities;
  - had a permanent place to live in the community;
  - had no/reduced involvement with the criminal justice system.

- Percent decrease in
  - Alcohol use;
  - Marijuana use;
  - Cocaine use;
  - Amphetamine use
  - Opiate use

In addition, in the Fall of 1999 a customer satisfaction survey was designed and approved for collection from each state on the level of satisfaction with Technical Assistance and Needs Assessment Services provided to the States. More specifically:

- Increase percent of States that express satisfaction with TA provided

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[3]Only measures of client outcomes have been developed and agreed to by each of the Centers. However, these measures are really only appropriate for "services" programs where the provision of treatment is the principal purpose of the activity (i.e., Goals 2 and 3). The client outcome measures will be presented under Goals 2 and 3.

- Increase percent of TA events that result in systems, program or practice improvements

2. Meet Unmet or Emerging Needs

Into this program goal area fall the major services activities of CSAT: Targeted Capacity Expansion Grants. Simplistically, the following questions need to be answered about these activities within a performance monitoring context:

- Were identified needs met?
- Was service availability improved?
- Are client outcomes good (e.g., better than benchmarks)?

The client outcome assessment strategy mentioned earlier will provide the data necessary for CSAT to address these questions. The strategy, developed and shared by the three Centers, involves requiring each SAMHSA project that involves services to individuals to collect a uniform set of data elements from each individual at admission to services and 6 and 12 months after admission. The outcomes (as appropriate) that will be tracked using this data are:

- Percent of adults receiving services increased who:
  - were currently employed or engaged in productive activities
  - had a permanent place to live in the community
  - had reduced involvement with the criminal justice system
  - had no past month use of illegal drugs or misuse of prescription drugs
  - experienced reduced alcohol or illegal drug related health, behavior, or social consequences, including the misuse of prescription drugs

- Percent of children/adolescents under age 18 receiving services who:
  - were attending school
  - were residing in a stable living environment
  - had no involvement in the juvenile justice system
  - had no past month use of alcohol or illegal drugs
  - experienced reduced substance abuse related health, behavior, or social. consequences.

These data, combined with data taken from the initial grant applications, will enable CSAT to address each of the critical success questions.

3. Bridge the Gap Between Research and Practice

This "program" or goal covers that set of activities that are knowledge development/research activities. Initially funded in FY1996, CSAT's portfolio in this area currently includes multi-site grant and cooperative agreement programs, several of which are being conducted in collaboration with one or

more of the other two Centers. These activities cover a broad range of substance abuse treatment issues including adult and adolescent treatment, treatments for marijuana and methamphetamine abuse, the impact of managed care on substance abuse treatment, and the persistence of treatment effects. In FY1999, a general program announcement to support knowledge development activity will be added to the CSAT portfolio.

The purpose of conducting knowledge development activities within CSAT is to provide answers to policy-relevant questions or develop cost-effective approaches to organizing or providing substance abuse treatment that can be used by the field. Simplistically then, there are two criteria of success for knowledge development activities:

- Knowledge was developed; and
- The knowledge is potentially useful to the field.

While progress toward these goals can be monitored during the conduct of the activity, only after the research data are collected, analyzed, and reported can judgments about success be made.

CSAT proposes to use a peer review process, conducted after a knowledge development activity has been completed, to generate data for GPRA reporting purposes. While the details remain to be worked out, the proposal would involve having someone (e.g., the Steering Committee in a multi-site study) prepare a document that describes the study, presents the results, and discusses their implications for substance abuse treatment. This document would be subjected to peer review (either a committee, as is done for grant application review or "field reviewers", as is done for journal articles). The reviewers would be asked to provide ratings of the activity on several scales designed to represent the quality and outcomes of the work conducted (to be developed).[4] In addition, input on other topics (such as what additional work in the area may be needed, substantive and "KD process" lessons learned, suggestions for further dissemination) would be sought. The data would be aggregated across all activities completed (i.e., reviewed) during any given fiscal year and reported in the annual GPRA report.

3.1 Promote the Adoption of Best Practices

This "program" involves promoting the adoption of best practices and is synonymous currently with Knowledge Application.[5] Within CSAT, these activities currently include the Product Development

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[4]The ratings would include constructs such as adherence to GFA requirements, use of reliable and valid methods, extent of dissemination activities, extent of generalizability, as well as the principal GPRA outcome constructs.

[5]Most, if not all, of the activities conducted under the rubric of technical assistance and infrastructure development are appropriately classified as activities supporting this program goal.

and Targeted Dissemination contract (to include TIPS, TAPS, CSAT by Fax, and Substance Abuse in Brief), the Addiction Technology Transfer Centers, and the National Leadership Institute. In FY1999, the Community Action Grant program will be added and in FY2000, the Implementing Best Practices Grant program will be added.

Activities in this program have the purpose of moving "best practices", as determined by research and other knowledge development activities, into routine use in the treatment system. Again simplistically, the immediate success of these activities can be measured by the extent to which they result in the adoption of a "best practice."[6] In order to provide appropriate GPRA measures in this area, CSAT plans to require that all activities that contribute to this goal to collect information on the numbers and types of services rendered, the receipt of the service by the clients and their satisfaction with the services, and whether the services resulted in the adoption of a best practice related to the service rendered.

4. Enhance Service System Performance

As described earlier, this programmatic goal is distinguished from "Promote the adoption of best practices" primarily by its reliance on the Block Grant set-aside for funding and the explicit emphasis on "systems" rather than more broadly on "services." The CSAT activities that fall into this goal are the STNAP and TOPPS. While CSAT has established performance measures for these activities individually, it is waiting for SAMHSA to take the lead in developing SAMHSA-wide measures. In addition, CSAT continues to believe that this goal should be collapsed into the broader goal of "Promoting the adoption of best practices."

EVALUATIONS

As defined earlier, evaluation refers to periodic efforts to validate performance monitoring data; to examine, in greater depth, the reasons why particular performance measures are changing (positively or negatively); and to address specific questions posed by program managers about their programs. These types of evaluation are explicitly described, and expected, within the GPRA framework. In fact, on an annual basis, the results of evaluations are to be presented and future evaluations described.

Technical assistance activities within GPRA have not been discussed within CSAT. Further, at this time, SAMHSA has a separate program goal for infrastructure development (see "Enhance Service System Performance," below).

[6]Ultimately, the increased use of efficient and effective practices should increase the availability of services and effectiveness of the system in general. However, measures of treatment availability and effectiveness are not currently available. Within existing resources, it would not be feasible to consider developing a system of performance measurement for this purpose.

To date, CSAT has not developed any evaluations explicitly within the GPRA framework. The initial requirements will, of necessity, involve examinations of the reliability and validity of the performance measures developed in each of the four program areas. At the same time, it is expected that CSAT managers will begin to ask questions about the meaning of the performance monitoring data as they begin to come in and be analyzed and reported. This will provide the opportunity to design and conduct evaluations that are tied to "real" management questions and, therefore, of greater potential usefulness to CSAT. CSAT will be developing a GPRA support contract that permits CSAT to respond flexibly to these situations as they arise.

On a rotating basis, program evaluations will be conducted to validate the performance monitoring data and to extend our understanding of the impacts of the activities on the adoption of best practices.

APPENDIX C

CSAT's Core Client Outcome Measures for Discretionary Programs

Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a client; to the extent that providers already obtain much of this information as part of their ongoing client intake or followup, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.

Form Approved OMB No. 0930-0208
Expiration Date 10/31/2002

A. RECORD MANAGEMENT

Client ID |____|____|____|____|____|____|____|____|____|____|____|____|

Contract/Grant ID |____|____|____|____|____|____|____|____|____|____|____|

Grant Year |____|____|
Year

Interview Date |____|____| / |____|____| / |____|____|

Interview Type **1. INTAKE** **2. 6 month follow-up** **3. 12 month follow-up**

B. DRUG AND ALCOHOL USE

		Number of Days
1.	**During the past 30 days how many days have you used the following:**	
	a. Any Alcohol	|____|____|
	b. Alcohol to intoxication (5+drinks in one setting)	|____|____|
	c. Other Illegal Drugs	|____|____|

		Number of Days
2.	**During the past 30 days, how many days have you used any of the following:**	
	a. Cocaine/Crack	|____|____|
	b. Marijuana/Hashish, Pot	|____|____|
	c. Heroin or other opiates	|____|____|
	d. Non prescription methadone	|____|____|
	e. PCP or other hallucinogens/ psychedelics, LSD, Mushrooms, Mescaline.....	|____|____|
	f. Methamphetamine or other amphetamines, Uppers	|____|____|

g. Benzodiazepines, barbiturates, other tranquilizers, Downers sedatives, or hypnotics |____|____|

h. Inhalants, poppers, rush, whippets |____|____|

i. Other Illegal Drugs--Specify_____ |____|____|

3. In the past 30 days have you injected drugs? ○ Yes ○ No

C. FAMILY AND LIVING CONDITIONS

1. In the past 30 days, where have you been living most of the time?

- ○ Shelter (Safe havens, TLC, low demand facilities, reception centers, Other temporary day or evening facility)
- ○ Street/outdoors (sidewalk, doorway, park, public or abandoned building)
- ○ Institution (hospital., nursing home, jail/prison)
- ○ Housed (Own, or someone else's apartment, room, house halfway house, residential treatment)

2. During the past 30 days how stressful have things been for you because of your use of alcohol or other drugs?

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely

3. During the past 30 days has your use of alcohol or other drugs caused you to reduce or give up important activities?

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely

4. During the past 30 days has your use of alcohol and other drugs caused you to have emotional problems?

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely

D. EDUCATION, EMPLOYMENT, AND INCOME

1. Are you currently enrolled in school or a job training program? [IF ENROLLED: Is that full time or part time?]

- ○ Not enrolled

- ○ Enrolled, full time
- ○ Enrolled, part time
- ○ Other (specify)_____

2. What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

|____|____| level in years

2a. If less than 12 years of education, do you have a GED (Graduate Equivalency Diploma)?

○ Yes ○ No

3. Are you currently employed? [Clarify by focusing on status during most of the previous week, determining whether client worked at all or had a regular job but was off work]

- ○ Employed full time (35+ hours per week, or would have been)
- ○ Employed part time
- ○ Unemployed, looking for work
- ○ Unemployed, disabled
- ○ Unemployed, Volunteer work
- ○ Unemployed, Retired
- ○ Other Specify_____

4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from…

	INCOME								
a. Wages	$				,				.00
b. Public assistance	$				,				.00
c. Retirement	$				,				.00
d. Disability	$				,				.00
e. Non-legal income	$				,				.00
f. Other_____(Specify)	$				,				.00

E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you been arrested? |____|____| times

2. In the past 30 days, how many times have you been arrested for drug-related offenses? |____|____| times

3. In the past 30 days, how many nights have you spent in jail/prison? |____|____| nights

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT

1. How would you rate your overall health right now?

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

2. During the past 30 days, did you receive

a. Inpatient Treatment for:		No	Yes ±	**If yes, altogether** for how many nights (DK=98)
i. Physical complaint	/	/		_____
ii. Mental or emotional difficulties	/	/		_____
iii. Alcohol or substance abuse	/	/		_____

b. Outpatient Treatment for:		No	Yes ±	**If yes, altogether** how many times (DK=98)
i. Physical complaint	/	/		_____
ii. Mental or emotional difficulties	/	/		_____
iii. Alcohol or substance abuse	/	/		_____

c. Emergency Room Treatment for:		No	Yes ±	**If yes, altogether** for how many times (DK=98)
i. Physical complaint	/	/		_____
ii. Mental or emotional difficulties	/	/		_____
iii. Alcohol or substance abuse	/	/		_____

H. DEMOGRAPHICS (ASKED ONLY AT BASELINE)

1. Gender

- ○ Male
- ○ Female
- ○ Other (please specify) _____

2. Are you Hispanic or Latino?

○ Yes ○ No

3. What is your race? (Select one or more.)

- ○ Black or African American
- ○ Asian
- ○ American Indian
- ○ Native Hawaiian or other Pacific Islander
- ○ Alaska Native
- ○ White
- ○ Other (Specify)_____

4. What is your date of birth? |____|____| / |____|____| / |____|____|

Month / Day / Year